STATE OF MARYLAND

DHMH

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Office of Preparedness & Response
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May 2, 2008
Public Health & Emergency Preparedness Bulletin: # 2008:17
Reporting for the week ending 04/26/08 (MMWR Week #17)

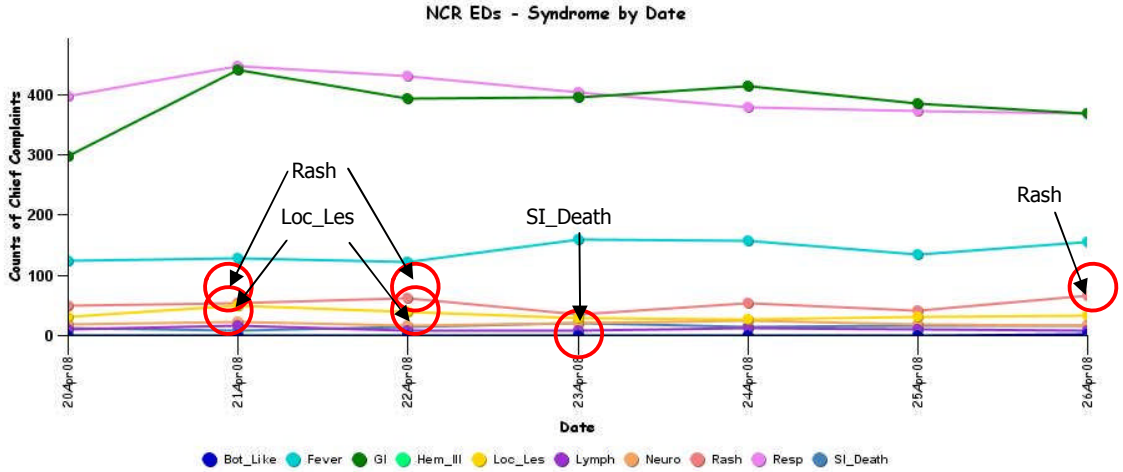
CURRENT HOMELAND SECURITY THREAT LEVELS

National: **Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)**
Maryland: **Yellow (ELEVATED)**

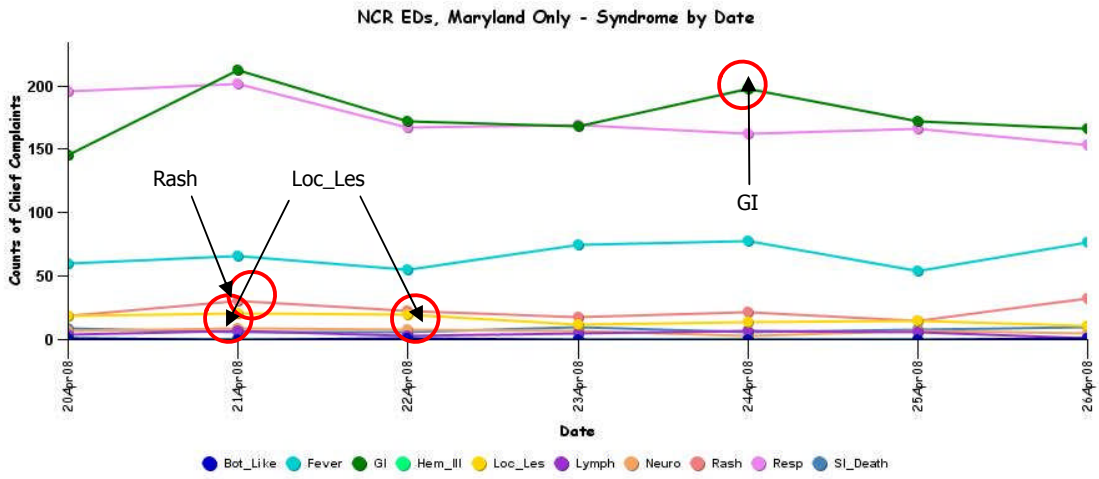
SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

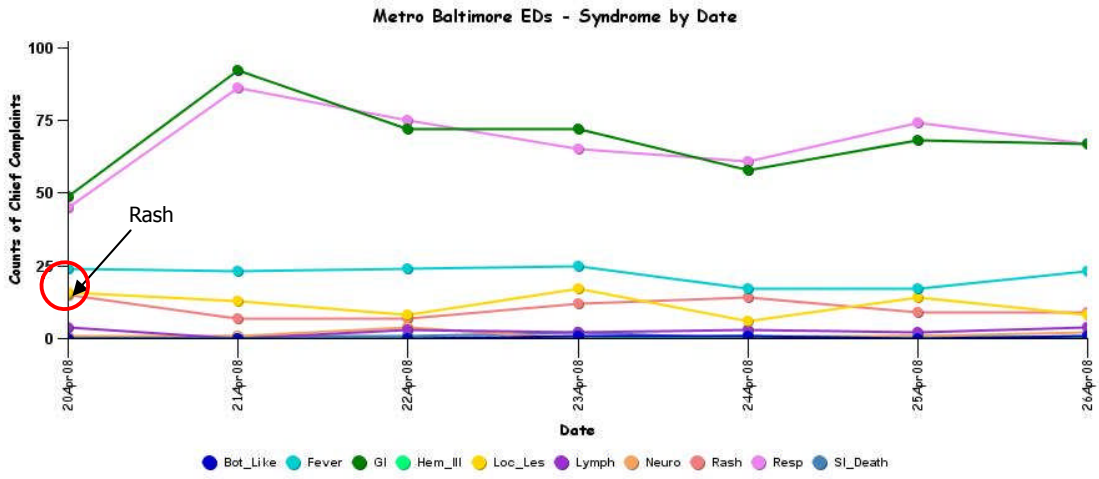
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system

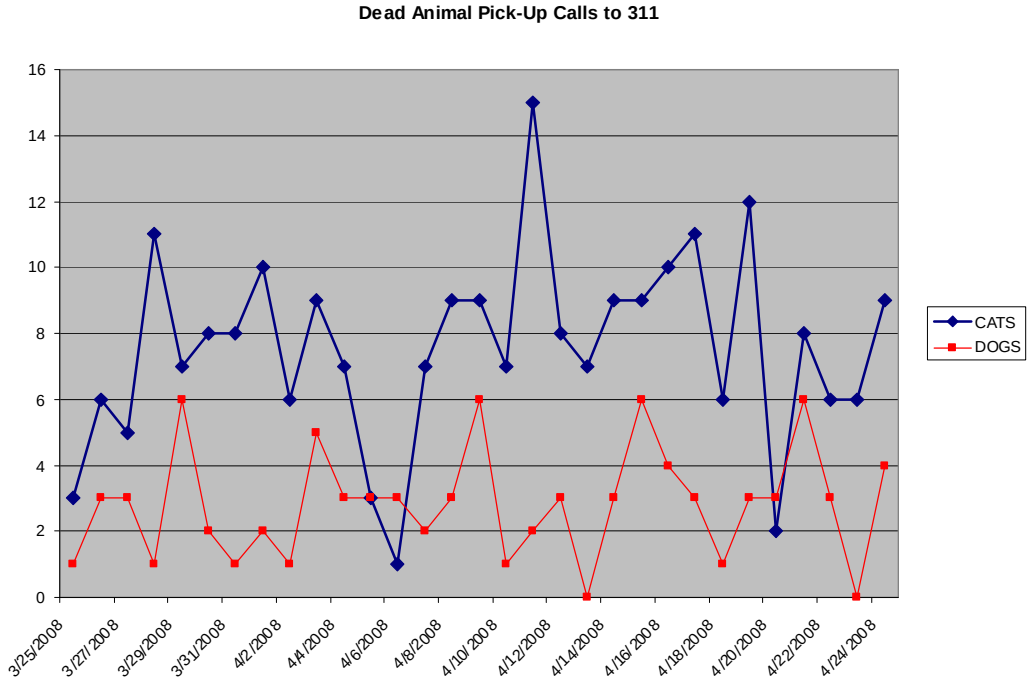


* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system



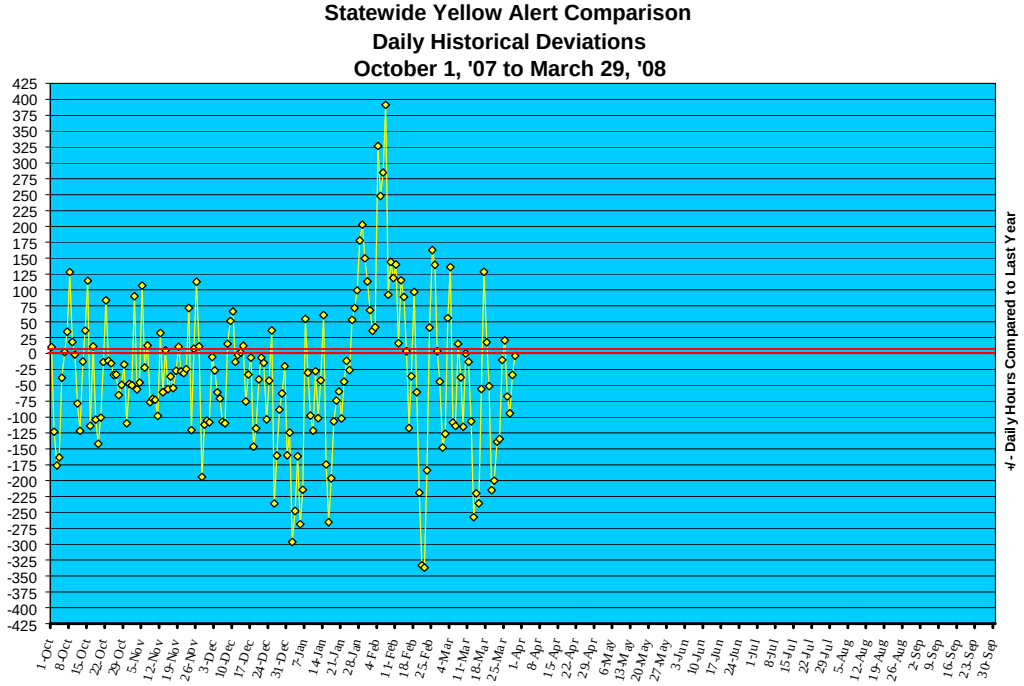
* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.



REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/06.
*Note: No new data available at this time.



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to BT for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in March 2008 did not identify any cases of possible terrorism events.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	**Aseptic**	**Meningococcal**
New cases (Apr 20 - 26, 2008):	17	0
Prior week (Apr 13 - 19, 2008):	12	1
Week#17, 2007 (Apr 21 - 27, 2007):	8	1

OUTBREAKS: 3 outbreaks were reported to DHMH during MMWR Week 17 (Apr.20-Apr. 26, 2008):

1 Gastroenteritis outbreak
1 outbreak of GASTROENTERITIS associated with an Assisted Living Facility

2 Rash illness outbreaks
2 outbreaks of RASH ILLNESS associated with Schools

MARYLAND SEASONAL FLU STATUS:

Seasonal Influenza reporting occurs October through May. To date this season, there have been 3656 lab confirmed influenza cases in Maryland. Maryland's influenza activity level for this week is LOCAL.

SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.

PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO Pandemic Influenza Phase: Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

US Pandemic Influenza Stage: Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: http://bioterrorism.dhmh.state.md.us/flu.htm

WHO update: As of April 17, 2008, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 381, of which 240 have been fatal. Thus, the case fatality rate for human H5N1 is about 63%.

AVIAN INFLUENZA (India): 23 Apr 2008, Authorities in a remote northeastern state of India prepared to cull thousands of chickens after a fresh outbreak of bird flu in poultry was detected on Apr 22, officials said. More than 25,000 chickens and ducks have already been slaughtered in Tripura state this month after 8 villages were hit by the H5N1 strain. On Apr 22, officials said bird flu had spread to a new area. "Bird flu has been confirmed for the second time in Tripura," Kartick Debbarma, a senior animal resources official said in Agartala, Tripura's capital. "It is the H5N1 strain." The remote northeastern state borders Bangladesh, where more than half the country's districts have been affected by the virus. In India, the virus resurfaced in the eastern state of West Bengal in January this year, forcing authorities to cull more than 4 million birds. Since then the virus has flared up intermittently, hitting poultry sales in the region. Many states banned poultry products, pulling down prices sharply and prompting farmers to cut production. The WHO described the January 2008 outbreak in West Bengal as the worst ever in India. Officials in Tripura said they were holding meetings and drawing up their strategy to contain the disease, which has hit Mohanpur, a town just 20 km west of Agartala. Health department officials were also checking humans for any flu-like symptoms.

AVIAN INFLUENZA (South Korea): 21 Apr 2008, South Korea's Farm Ministry reported on Apr 19 a new outbreak of bird flu at a chicken farm in the southwest, taking the total confirmed cases to 16 in poultry in just over 2 weeks. A ministry official said test results were confirmed positive for the H5N1 strain of the virus at a farm in Jeongeup, North Jeolla province, an area which saw an outbreak earlier this month. It was one of 3 new suspected cases they were investigating, authorities said on Apr 18, as the worst outbreak in 4 years spread despite massive culling. No human deaths from the disease have been reported so far from the country. South Korea has reportedly culled 3.7 million chickens and ducks out of nearly 4.8 million planned, the largest since the country killed 5.3 million between late 2003 and early 2004. Quarantine workers and soldiers are working to complete culling in the hardest-hit North Jeolla province this weekend, the Farm Ministry official said. South Korea had 7 bird flu outbreaks between November 2006 and March last year.

NATIONAL DISEASE REPORTS:

ANTHRAX, BOVINE (Minnesota): 23 Apr 2008, Authorities say 2 cows on a Becker County farm have died of anthrax. The Minnesota Board of Animal health says they're the state's first anthrax cases of the year. The herd will remain quarantined for 30 days from the day of its last anthrax death. The herd was not vaccinated for the disease this year. Officials say it's unusual to see anthrax so early in the year, but the cows that died were on pasture in an area where anthrax had been detected in the past. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS:

CHOLERA (Tanzania): 21 Apr 2008, A local health official said 2 people have died from an outbreak of cholera in southern Tanzania. They were among 5 people admitted to a health center in the town of Sumbawanga last week, municipal medical officer Pepe Mponzemenya said. He said, "2 of them died on Friday night (Apr 18) and 3 are still undergoing treatment," adding that a public awareness campaign had been launched in response to the outbreak. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

CHOLERA (India): 21 Apr 2008, Over the last 5 days, 2 people have died of cholera at Beldanga. Another 60 or so people are suffering from the disease. The worst hit have been wards 8 and 9 of Beldanga Municipality. According to sources, around 30 people of Khanpara have been affected by the disease. Five days ago, a 64-year-old died and yesterday (Apr 20), a 2-year-old child died from the same disease. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

DIARRHEA, CHOLERA (Viet Nam): 22 Apr 2008, Between March 5 and April 22 the Ministry of Health of Viet Nam reported 2490 cases of severe acute watery diarrhea including 377 that were positive for Vibrio cholerae, the bacterium causing cholera. The serotype has been identified as 01 Ogawa. No deaths have been reported. Until now, 20 provinces and municipalities have been affected. The majority of people infected by the disease are Hanoi residents. The predominant route of infection appears to be consumption of contaminated food. Cholera bacteria have not been detected in drinking water in Hanoi or in other affected areas but have been found in some surface waters. Additional epidemiological, environmental and food trace-back investigations are under way. The Ministry of Health has been increasing health education and launched a mass media campaign aimed at strengthening food safety and personal hygiene knowledge and practices. Environmental disinfection is conducted in the homes of cholera patients and a program of intensified hygiene inspection of commercial food vendors is being carried out. WHO is supporting the Ministry of Health by providing technical advice on aspects of the epidemiological and laboratory investigations of the outbreak. In addition, WHO and other UN agencies are exploring other possibilities of assistance. In controlling the spread of cholera WHO does not recommend any special restrictions to travel or trade to or from affected areas. Visitors coming to Viet Nam are encouraged to respect basic precautions when consuming water and food. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

CHOLERA (Malaysia): 23 Apr 2008, After being confirmed of having cholera, 6 people were admitted to the general hospital in Labuan. The 6, who are all Filipinos of ages between one and 21, were the latest victims detected on the island in 2008. All of them were reported to be in stable condition. Of the victims 4 were from Pulau Daat, while the other 2 were from Kg Muslim. Confirming this on April 23, State Health Department Director Dr Zaini Hussin said that his health enforcement unit would continue to monitor the situation in the area. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

CHOLERA (Sudan): 25 Apr 2008, On Apr 10, a 2-person Medair Health Services Emergency Response Team (ERT) began working actively in Ye and surrounding villages, after receiving a request for assistance from another non-governmental organization. Cholera had become an endemic problem within Yei town, present throughout all of 2008, and now rising primarily because of the onset of rains. A total of 118 cases of cholera or acute watery diarrhea (AWD) were seen in the Yei Civil Hospital from March 12 to April 5, prompting Norwegian People's Aid (NPA) to request emergency assistance. Across Southern Sudan, cases of cholera are on the rise in the last 2 years, stemming from sharp increases in the population, as people return from being displaced and find few essential services such as safe drinking water or proper sanitation. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

CRIMEAN-CONGO HEMORRHAGIC FEVER, SUSPECTED (Bulgaria): 25 Apr 2008, Between March 20 and April 10, 6 probable Crimean-Congo hemorrhagic fever (CCHF) cases were reported in the municipality of Gotse Delchev, in Blagoevgrad district, Bulgaria, an area bordering Greece and Macedonia. CCHF is an endemic infection in Bulgaria, and particularly in this area. In recent years, several cases of CCHF have been reported (between 2 and 20 cases annually), with a mortality rate varying between 10 and 50 percent. The cases presented with different clinical manifestations. A team of experts from the Ministry of Health, the National Centre for Infectious and Parasitic Diseases, and the Hospital for Infectious Diseases in Sofia have visited Gotse Delchev to perform an epidemiological investigation and consultations. The cases have been discussed by a wide circle of specialists in the Ministry of Health and the conclusion has been drawn that the cases are probably CCHF cases, 4 of them having been in contact with each other. In order to discard possible cases of anthrax, tularemia, ornithosis, influenza (including avian influenza), and babesiosis, serological and virological tests have been carried out on the patients, as well as 19 people in close contact with them. All test results were negative. Additional virological investigations are currently being carried out at the National Centre of Infectious and Parasitic Diseases in Bulgaria. Samples from the patients have been sent to the Institute of Infectious Diseases in Rome, Italy for confirmation of the diagnosis. The outbreak generated intense media and public interest in Bulgaria. A round of consultation meetings with the local population concerned has begun. This allows people working with animals to have some guidance on how to minimize the likelihood of injury or diseases and to protect themselves from tick bites. At the same time, numerous meetings have been held with general practitioners in the municipality concerned. The respective veterinary authorities also organized massive tick control measures, aiming to protect domestic animals from ticks and tick-borne disease. All the reported cases in this cluster occurred in areas with climatic conditions favorable to intensive growth of the tick population: 4 patients had been exposed to ticks, and 2 were exposed through blood from a patient. The team of experts from the Ministry of Health that carried out the investigation also considered the cases from the point of view of the new International Health Regulations. The team was of the view that the cases are neither unusual nor unexpected and there is no risk of international spread. (Viral hemorrhagic fevers are listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST:

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://bioterrorism.dhmh.state.md.us/

Public Response to Community Mitigation Measures for Pandemic Influenza
Emerging Infectious Diseases. Volume 14, Number 5 –May 2008.
This article summarizes the results of a national survey conducted to help public health officials understand the public's response to community mitigation interventions for a severe outbreak of pandemic influenza.

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NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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